

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35058

FILED OCT 23 1948

Registration District No. 387

Primary Registration District No. 6076

Registrar's No.

2344

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Jesus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Four months
(Specify whether years, months or days)
In this community: _____

3. (a) PRINT FULL NAME: Sister Mary Eihelfrieda Berlo
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years (Month) (Day) (Year)

7. Birth date of deceased: Aug. 12, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 27 If less than one day hr. _____ min. _____

9. Birthplace: Cleveland Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: _____

MOTHER FATHER { 12. Name: John Berlo 5
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Bertrude Baumann
15. Birthplace: Prussia (City, town, or county) (State or foreign country)

16. (a) Informant: Sister M. Loyola, S.S.N.D.
(b) Address: 1200 Riverchase Drive

17. (a) _____ (b) Date thereof: Oct 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Villa Jesus Oct. 9, 1948

18. (a) Signature of funeral director: Frank E. G.

(b) Address: 3420 N. Morgan Ave.

19. (a) 10-1-48 (b) Oct 29 1948
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis
(c) City or town: St. Ferdinand
(If outside city or town limits, write "RURAL")
(d) Street No.: Villa Jesus (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1948 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from May
1948 to Oct 1st 1948
that I last saw her alive on Oct 1st 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Senility

Due to: 940

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence: _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury: _____

23. Signature: L. W. W. Smith (M. D. or other) MD
Address: 812 N. Morgan Ave. Date signed: 10-7-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.